

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0180

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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REGISTERED AGENT CHANGE

LEVITT COMMERCIAL HIGH RIDGE II, LLC

Certificate of Status	0
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Page Count	02
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INT-14-2004 16:06

CT CORPORATION

P.02/02

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Levin Commerical High Ridge II, LLC
2. The mailing address of the limited liability company is : PO Box 5403, Ft. Lauderdale, FL 33310

01/21/2003

L03000002223

3. Date of filing/registration in Florida
4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Olga R. Gilbert Name
1750 East Sunrise Blvd Third Floor Address
Ft. Lauderdale, FL 33304 City, State and Zip

6. The name and address of the new registered agent and/or office:

CT Corporation System Name
1200 South Pine Island Road Address
Florida street address (P.O. Box NOT acceptable)
Plantation FL 33324 City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jason Hochman
 Signature of a member or authorized representative of a member

Jason Hochman
 Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Barbara A. Burke
 Signature of Registered Agent

BARBARA A. BURKE
 SPECIAL ASSISTANT SECRETARY

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

DMS18(10/99)

FILING FEE: \$25.00

TALL-302/99 CT System Online

TOTAL P.02

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